

County of Los Angeles - Department of Mental Health

Quality Improvement Work Plan Implementation Status Report

Dated 9/14/09

Prepared by: Program Support Bureau, Quality Improvement Division

NAME OF REPORT:

LAC-DMH ANNUAL BENEFICIARY GRIEVANCE/APPEAL REPORT FY 2007/2008

QI IMPLEMENTATION STATUS REPORT

The Patients' Rights Office (PRO) prepares and submits to the State the LOS ANGELES COUNTY ANNUAL BENEFICIARY GRIEVANCE/APPEAL REPORT for Fiscal Year 2007/2008 consistent with LAC DMH Policy and Procedure 202.29. (See Attached LAC-DMH Beneficiary Report and LAC-DMH Beneficiary Report with Subcategories).

The QI Division and the QI Work Plan Monitoring of Beneficiary Satisfaction (#6) occurs bi-annually and is reported at Departmental QIC meetings. The seven reporting categories are: Access, Termination of Services, Denied Services, Change of Provider, Quality of Care, Confidentiality and Other

Summary of Findings

1. There were a total of 711 Grievances/Appeals and State Fair Hearings in FY 2007-08, and of these there were: 647 Grievances (91%), 29 Appeals (4.1%) and 35 State Fair Hearings (4.9%). The largest numbers of Grievances/Appeals and State Fair Hearings were for Quality of Care at 500 (70%). The majority of Quality of Care Grievances/Appeals and State Fair Hearings were: Treatment Disagreements at 104 (20.8%), Provider Relations at 87 (17.4%), Medication at 86 (17.2%) and Discharge/ Transfer at 85 (17.0%). Second to Quality of Care was Other at (18%). The majority of Other included: Housing at 31 (24.2%), Lost/Stolen Belongings at 16 (12.5%), Money/ Funding/Billing at 16 (12.5%) and Legal at 13 (10.2%).
2. In regards to Disposition, 670 (94.2%) of the 711 Grievances/Appeals and State Fair Hearings were resolved. None are Still Pending, and 42 (5.9%) were Referred Out.
3. PRO submitted the Annual Report to the State consistent with LAC-DMH Policy and Procedure 202.29 requirements.

Action Requested/Needed

1. As part of the Quality Improvement process, PRO initiated the analysis of the reporting categories resulting in identification of additional discrete data subcategories for Quality of Care and Other. Continued analysis is needed for identifying areas for potential improvement.
2. There is a need to acquire the necessary software to evolve from the current manual system to electronic methods of reporting.

Recommended Policy Change(s)

1. Memo to Dennis Murata, MSW, Deputy Director from QID requesting computer software tracking system to support PRO data collection, analysis, and reporting. QI will work actively with PRO in evaluating and acquiring computer software programs/systems to assist PRO in tracking data for State Grievance/Appeal/State Fair Hearing reporting. QI will also work with PRO and Program Support Bureau MHSA to assist in developing, fully implementing and refining these electronic solutions.
2. QIC recommendation to collect abuse reporting in 2 categories: Inpatient and Outpatient. (See QIC Minutes: 09/14/09)
3. Separate Grievance/Appeal/State Fair Hearing Totals by Inpatient, Outpatient and Residential. However, it appears that collecting Residential data is not feasible at this time. In addition, it was recommended to add the Total Number of Clients Seen and the Total Number of Hospitalizations that occurred within the year to provide a context for the Total Number of Grievances/Appeals/State Fair Hearings filed. The majority of Grievances/Appeals/State Fair Hearings are from Inpatient settings. (See QIC Minutes: 09/14/09)